

CLAIMS ONLY

Application Number

10/827230

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|---|-------|--------|-------|--------|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | |
| 1 | / | | | | | | | | | | | |
| 2 | | / | | | | | 51 | | | | | |
| 3 | | / | | | | | 52 | | | | | |
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| 48 | | / | | | | | 97 | | | | | |
| 49 | | / | | | | | 98 | | | | | |
| 50 | | / | | | | | 99 | | | | | |
| Total | | | | | | | 100 | | | | | |
| Indep | 4 | | | | | | Total | | | | | |
| Depend | 22 | | | | | | Indep | | | | | |
| Total | | | | | | | Depend | | | | | |
| Claims | 26 | | | | | | Total | | | | | |
| | | | | | | | Claims | | | | | |

new